

# **FIRE DEPARTMENT MANUAL & DIVISION RATE BOOK**



**UTAH DIVISION  
OF  
FORESTRY, FIRE &  
STATE LANDS**

**2010**

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# INTRODUCTION

The Utah Division of Forestry, Fire & State Lands (FFSL) Fire Department Manual & Rate Book defines the required procedures for wildland fire certification, establishes requirements and payment method for Utah fire departments and supporting agencies providing services on wildland fires outside their jurisdictional responsibility or large fire support.

The procedures described are designed to be used on fire management activities by fire departments and local and county government agencies. As defined in the Cooperative Fire Management Agreement, it is FFSL's responsibility to be the single hiring point for equipment and personnel obtained from Utah Fire Departments or Districts for all dispatches outside their jurisdictional responsibility. The only exception is initial attack as described in inter-local mutual aid agreements. It is the responsibility of the local FFSL Area Manager (or designee) to establish a Memorandum Of Understanding with Fire Service Organizations for work on wildland fires outside their jurisdictional responsibility. A list of FFSL Area Offices and contacts is included in this document.

Agencies using equipment from Fire Departments or Districts are responsible for equipment and personnel timekeeping at the incident. **It is the responsibility of the Department or District to submit all their original payment documents from the incident, both personnel and equipment, along with invoice to the appropriate FFSL Area Office for payment.**

When five or more engines are dispatched to an incident, FFSL may furnish, upon request, a liaison to make sure the departments and the incident are made aware of their responsibilities. Incident management teams are responsible for keeping time on city, county, and rural fire departments in the same manner as any other cooperator. **However, all original payment packages are to be sent home with the Department or District for FFSL to audit and issue payment.**

The role of the liaison is to ensure Cooperative Fire Rate Agreements are valid and Department or District resources are familiar with the Incident Management Team's (IMT) procedures, i.e., timekeeping, caterers, showers, re-supply, etc.

## AGREEMENTS

The Utah Division of Forestry, Fire & State Lands is a party to the Cooperative Fire Management Agreement. This agreement defines the relationships and procedures for cooperating with Federal agencies on wildland fires in Utah. In paragraph 3 of the INTERAGENCY COOPERATION section it states: "the local, city, and county fire resources are considered resources of the State." It also directs that "The State will maintain all required agreements with those entities." The FFSL maintains a Wildland Fire Protection Agreement with every county. If a fire department chooses, they may enter into a Memorandum of Understanding (MOU) with FFSL. This MOU becomes an addendum to the county Wildland Fire Protection Agreement. This document provides a mechanism for procurement, use and compensation for fire department resources outside their jurisdictional responsibility. This procedure is reinforced and restated in the current State Wide Annual Operating Plan (AOP) which all wildland fire management agencies in Utah are a party to. Section 2.5.1 states: "Local fire departments that respond to fires outside their area of statutory authority will establish a memorandum of understanding with the Division of Forestry, Fire & State Lands." Local Annual Operating Plans further define the specific roles and responsibilities of wildland fire management agencies. Each interagency dispatch zone has its own annual operating plan.

# SIGN-UP PROCEDURE

The first step in making your department eligible for reimbursement for fire suppression services outside your jurisdictional responsibility and fire management activities inside or outside your jurisdictional area is to contact your local FFSL office. Contact information is contained on Page 29. Division personnel will assist you in establishing a memorandum of understanding between FFSL and your department. The MOU will become an addendum to the County Wildland Fire Protection Agreement. This agreement will define the roles and responsibilities of each party.

You will also develop a Cooperative Rate Agreement (Form FM 100) as part of the MOU. The FM 100 will identify all equipment available for fire assignment, sets hourly rates, minimum and standard staffing levels for each piece of equipment. Rates are based on Great Basin / Rocky Mountain established rates for similar equipment. Minimum staffing levels are defined by NWCG standards. See other Engine provisions.

Nothing in the MOU commits the department to make equipment or personnel available to fire assignments outside their jurisdictional responsibility. The Department or District may restrict resources availability in order to provide an adequate level of fire protection on lands within its own jurisdictional boundary or service area.

All equipment identified in the cooperative agreement with the FFSL will be subject to inspection prior to use. FFSL will conduct pre-season inspections annually of all equipment to ensure mechanical soundness, safety and equipment inventory meet the requirements set forth in this document.

Once the department has established an agreement with FFSL and the equipment is found to be in safe working condition it will be listed at the local Interagency Dispatch Center. It will be the responsibility of the Division to notify the dispatch center when the equipment is available for dispatch and the duration of the availability.

## ASSIGNMENTS

In order for fire department resources to be eligible for reimbursement under this MOU, they must be requested or approved by the Division or its Cooperators. Payment shall be made only for fire suppression activities on lands outside the Department or District's established jurisdictional boundaries. The Department or District is also eligible for reimbursement for fire suppression on state or federal wildlands within its jurisdictional boundaries when requested by the Division. Independent action taken on lands owned by the State or Federal government by the Department or District is not eligible for reimbursement if the Division is not immediately notified of the fire and the State and/or Federal agency does not approve of the action being taken. Although, action may occur under closest forces or mutual aid in order to protect the Department or District's jurisdiction or neighboring jurisdictions during initial attack, reimbursement should not be assumed.

The Division's area duty officer must approve dispatches outside of the local Interagency Fire Center dispatch zone.

**Initial Attack.** A fire Department or District may be the first and/or only resource to respond to a wildland fire on behalf of FFSL or its cooperators. In this case the Department or District must be able to communicate by radio with the local interagency fire center. Communication may include but not limited to: fire size up, fire status, accurate location, times on-scene, returning to station and out of service times. Radio frequencies, size-up and reporting forms are available at your local FFSL Area Office.

The Department or District resource may also be expected to provide other information regarding the incident in the form of a fire report, if no state or federal engines are on the fire. The information in the fire report is necessary to process the invoice for reimbursement to the Department or District. On small initial attack fires the local Interagency Fire Center may or may not issue a Resource Order and Request Number.

**Extended Attack.** When dispatched to a larger extended attack incident be sure to get a Resource Order Number and Request Number. These numbers will be used to track your equipment while assigned to the incident and will be needed for the billing process. Find out where to report and who to report to. Also find out who to report to and how to contact them.

Upon arrival at the incident check in with the appropriate person and provide the required documentation. On a large incident you typically will check in with the planning section and provide financial information to the finance section. On a smaller incident, check-in may be handled by the incident commander.

On a larger incident you will have a Vehicle/Heavy Equipment Inspection done at check-in. Maintain a copy of the inspection. If your equipment is damaged on the incident, you will need this document to verify the condition of your equipment prior to use on the incident.

A shift ticket must be completed at the end of each operational period. A government official and the fire department representative, or his authorized agent, must sign each shift ticket. Shift tickets must be turned into finance daily. You **MUST** pick up original copies from the Finance Section at demob. Original copies (should be “pinks and blues”) must accompany your invoice to the Division. Report claims for damaged vehicles and equipment immediately to a Division representative. Whenever possible, restock all equipment and supplies that were used on the incident while still at the incident. Items not able to be replaced at the incident will be assigned an “S” number in order that the item(s) may be replaced.

Resources will be tracked by the local Interagency Fire Center by use of systems such as ROSS or WildCAD. Resources shall comply with ICS/NIMS demobilization procedures and not “self demobilize” from the assigned incident. When released from an incident, have a release inspection and post-inventory performed on your equipment. Ensure Emergency Equipment Shift Tickets are complete. Have a performance evaluation completed whenever possible.

**RX fire and other fire management projects:** This MOU may be used for the purposes of procuring personnel and equipment for the purposes of other fire management activities under the direction of the Division such as fuels mitigation and prescribed fire projects inside and outside the department or district’s jurisdictional area. Any project work done for federal agencies must be done under the conditions of another agreement.

**All Risk Assignments:** It is becoming more and more common for wildland fire resources to assist with non-fire incidents. The ability to mobilize a large and versatile work force skilled and knowledgeable in the incident command system has proven valuable in recent disaster recovery efforts. It is possible for Utah state resources to assist in these efforts when requested under the authority of the Stafford Act. However, such incidents must have a presidential declaration of disaster before our services are eligible for reimbursement. All such incidents must be handled on a case-by-case basis. Be sure to check with your local FFSL Area office before accepting any of these assignments under this agreement.

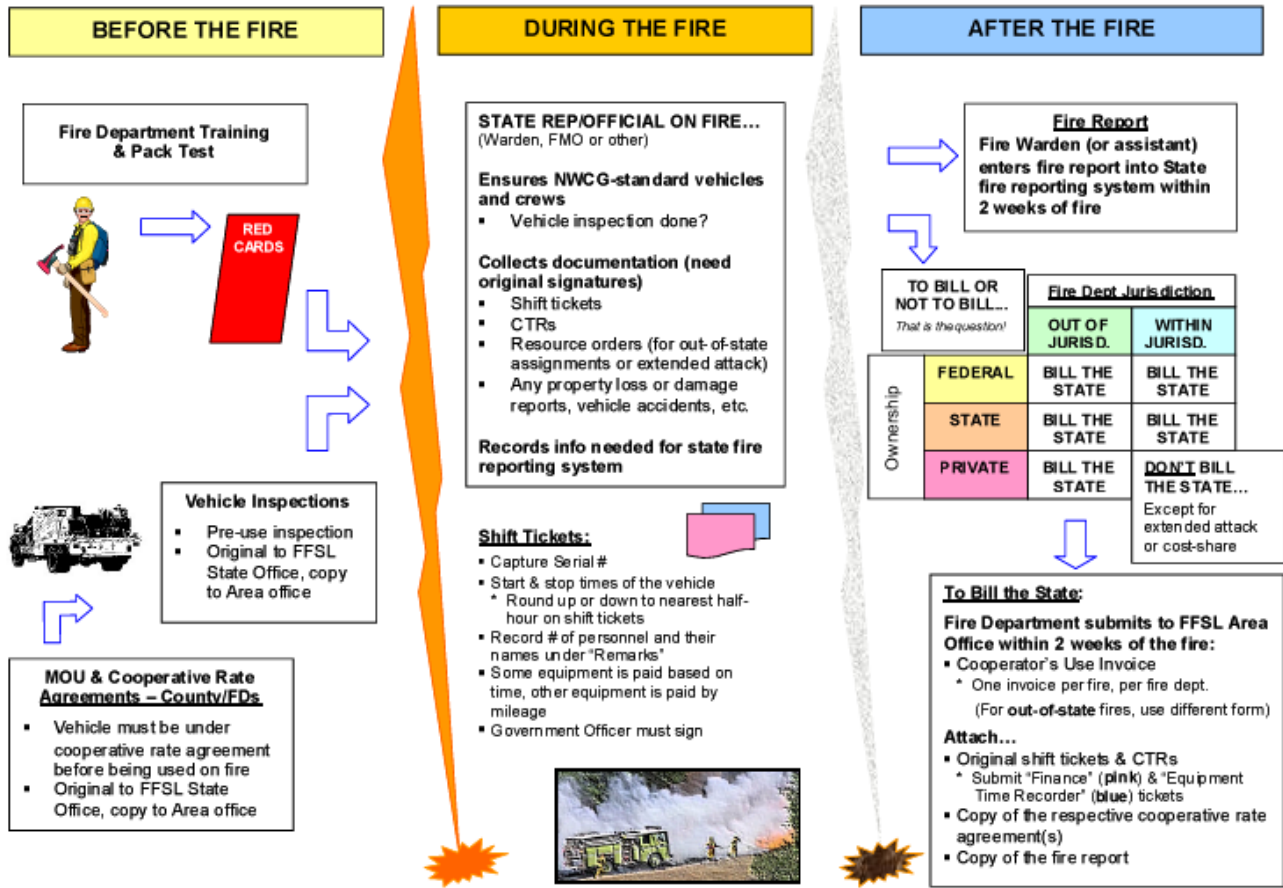
## PAYMENT PROCEDURE

In order for the fire department or district to receive prompt payment for assignments outside their jurisdictional responsibility it is imperative that the correct documentation is submitted in the appropriate time frame. Claims for reimbursement must be submitted to the local FFSL Area office within 30 days after release from an incident. Claims with incomplete documentation will be returned to the department and not processed. A list of the appropriate forms is listed below.

- All claims for reimbursement will, at a **minimum**, have the Cooperators Use Invoice form, ORIGINAL Emergency Equipment Shift Tickets form (OF 297) and Emergency Firefighter Time Report form (OF 288). Also, a copy of the Resource Order, "S" number(s) if issued. A resource order and request number will be required to be submitted with the invoice package on all Type 1, 2, and 3 incidents.
- Claims for reimbursement must be submitted on incidents where equipment or supplies were used and were unable to be replaced on the incident. Claims for reimbursement must have the minimum documentation listed above plus a General Message Form (213 ICS) identifying item, Property Loss or Damage report (OF 289) signed by finance/claims, IC or Division representative, a Replacement Acquisition form (OF 315) for items available through the national cache system signed by IC and Supply, and/or a Claim for Loss of Personal Property (OF 95).
- If your vehicle was involved in an accident while assigned to an incident, in addition to the minimum required documentation, the claim for reimbursement will need to have a motor accident form from your own Agency. If your agency does not have a form then you need to fill out a Motor Accident Form (SF 91) and Witness Statement form (SF 94). Notify a Division representative immediately.
- If an individual in your party was sick or injured while on an incident and filed a medical claim the department's Worker's Comp form should be used

If the department or district engine is the sole responding resource to the incident, a fire report is required to be completed and submitted with the invoice package to the FFSL Area Office.

**Division of Forestry, Fire and State Lands**  
**"MOU" (Fire Department Capacity-Building) Program**



## Red-Carding Process ~ Fire Department Personnel



Fire Chief &/or  
Training Officer  
**INITIATES TASK BOOK**  
for FFT 1 (NWCG)

Task books for ICT5 must be issued by  
Utah FFSL; they can be completed at  
the same time as FFT1



There is some flexibility in the order of these steps

Trainee completes  
NWCG required &  
recommended classes

NWCG FFT1 classes:  
S-131, S-133, S-211, S-212

UFRA exam  
(Fire Chief / Training  
Officer requests)

Candidate brings training  
records to exam (signed by  
Fire Chief / Training Officer)

Trainee successfully  
completes fitness test  
("Arduous" level)



Trainee works on & is  
evaluated on 3+  
incidents

3 years to complete task book  
after first assigned task



Trainee: Make sure evaluators  
fill in all blanks in task book!



UFRA receives tests  
from certification  
tester; scores returned  
within 30 days

Red cards do not automatically  
follow... See next step!



Fire Chief &/or Training  
Officer submits  
**Certification Request**  
with \$40 fee to UFRA



Recertification  
Fee is \$5



UFRA processes and  
mails red-cards  
to Department

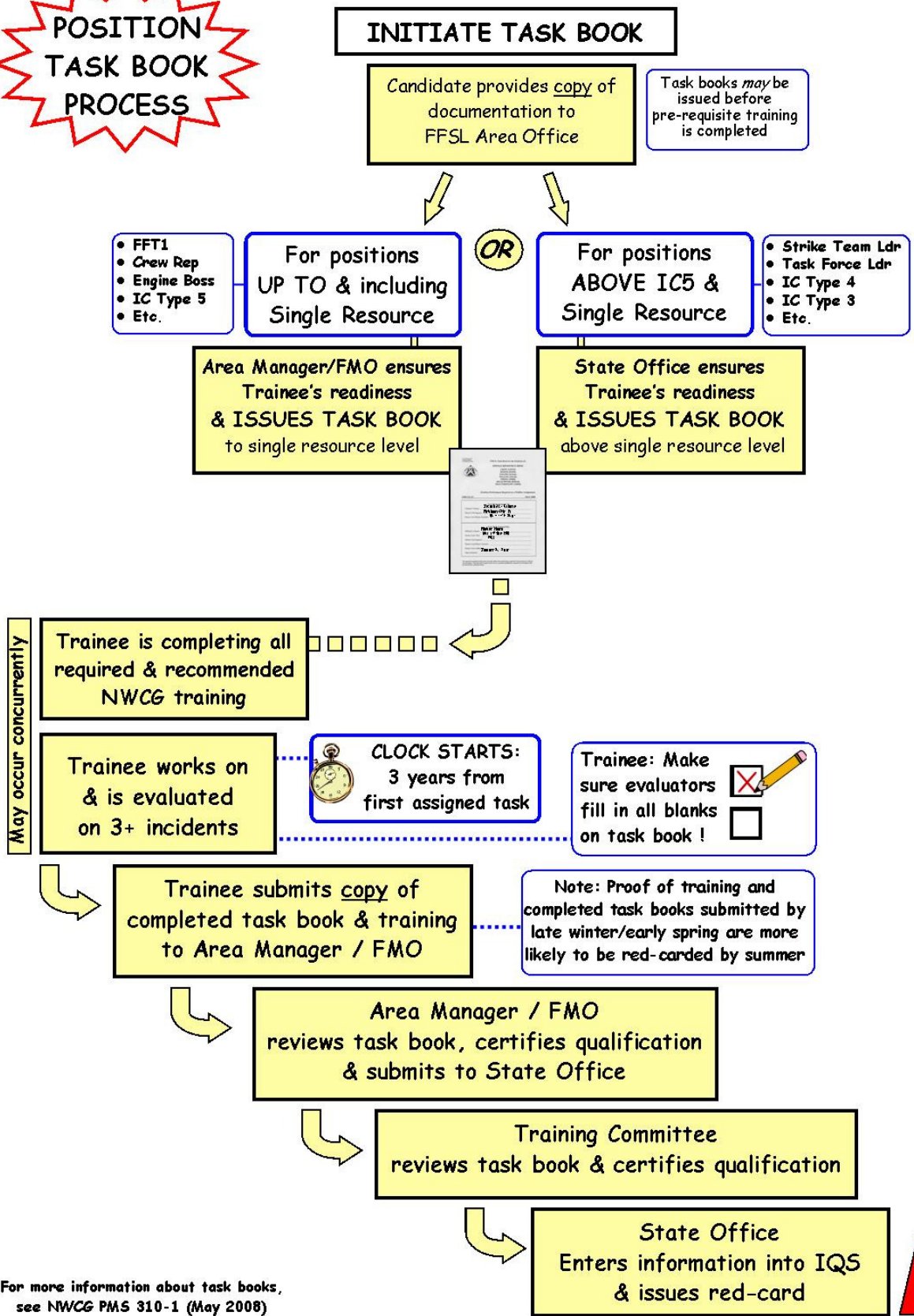


For more information about UFRA's testing  
process, see [www.uvu.edu/ufra/training](http://www.uvu.edu/ufra/training)





# POSITION TASK BOOK PROCESS



For more information about task books, see NWCG PMS 310-1 (May 2008)



# TRAINING AND CERTIFICATION

Fire departments entering into an agreement with FFSL must meet National Wildfire Coordinating Group (NWCG) training and qualification standards for the position they are filling on the incident for fire assignments outside the local interagency dispatch zone. Federal agencies may require Department or District resources meet NWCG requirements on lands under their jurisdiction. Utah's process for becoming certified is somewhat unique. Fire department personnel receive their Red Cards through the Utah Fire Service Certification System. The system has successfully blended NFPA and NWCG standards so the system is slightly different from what most wildland fire agencies are accustomed to. The training requirements are the same but the testing procedure is slightly different. The training requirements to reach the Single Resource Engine Boss position are listed below. Firefighters with structure fire certifications may be eligible to take the same training through the Skills Crosswalk. This program recognizes portions of the structure fire curriculum as equivalent to portions of NWCG wildland fire training. Firefighters that qualify for this program can significantly reduce the total training hours required to certify for these positions. For information on the Skills Crosswalk or training requirements for additional positions contact your local FFSL Area Office.

Position:	UFRA	WFF1	WFF2	
	NWCG	FFT2	FFT1	ENGB
Required Training		S-130 S-190 L-180 I-100	S-131 Completion of the FFT1 Position Task Book S-211 S-212	S-230 S-231 S-234 S-260 S-270 S-290 I-200 Completion of the ENGB Position Task Book

Currently the Utah Fire Service Certification System has developed certifications for Wildland Firefighter 1 & 2 or NWCG FFT2 & FFT1 respectively. The process for becoming certified is outlined in certification standards available from the Certification office at the Utah Fire and Rescue Academy in Provo. There is also information available online at: <http://ufra.uvsc.edu> the process can be summarized in the four-step process below.

## Step one: Get trained

There are many opportunities to receive training. The Utah Fire and Rescue Academy, The Utah Wildfire Academy, or your local FFSL Area Office can all provide the required training at no cost to the department. Much of this training can be delivered to your department and presented according to your schedule. Although the training received from each of these organizations is standardized, be sure that you are receiving the information that will prepare your people to successfully pass the Certification exam.

## Step two: Get tested

Upon successful completion of training, all participants may take the state certification manipulative skills test and written exam. Testing must be scheduled at least 30 days in advance. The written test consists of 100 questions. Students must score 70% or better to pass. Participants must produce a training record at the time of testing indicating the student has been trained and passed in house manipulative skills testing. The manipulative skills test is a random sampling of three skills. The student is given two attempts, if necessary, to successfully perform each skill. A list of manipulative skills as well as testing procedures is listed in the certification standards and available from the certification office at the Fire & Rescue Academy in Provo, UT.

### **Step three: Complete the physical fitness test**

Once you have received notification of passing state certification, you will then need to take the physical fitness test as identified in the certification standard. This test can be administered in-house and verified by the chief. The physical fitness test is required to be taken once a year to remain current.

### **Step four: Get certified**

The final step to receiving a Red Card is ensuring that the proper documentation containing all this information is given to the Utah Fire and Rescue Academy Certification department. Once the testing and physical fitness requirements have been completed the department chief or administrator may apply for certification using the official "Request for Certification" form.

All Red Cards are good for one year from the date issued.

For wildland fire qualifications that the Utah Fire Service Certification System has not yet developed a certifications, simply present your training documentation to the training officer at the FFSL state office. Once the requirements have been verified, FFSL will notify the Certification System and request a Red Card be issued to you with your NWCG qualifications listed on it.

Individuals serving on structural engines deployed outside the local dispatch zone for structure protection shall, at a minimum, be certified at the WWF1 level as well as Firefighter 1.

## **WILDLAND FIRE PERSONAL PROTECTIVE EQUIPMENT**

Fire departments entering into an agreement with FFSL will wear appropriate personal protective equipment (PPE) while engaged in fire suppression activities. A list of the required PPE is listed below. The local FFSL Area Office can assist you in acquiring wildland fire PPE.

1. Boots: All leather, lace-up type, minimum 8 inches high with lug-type sole in good condition (steel toe boots are unacceptable).
2. Hard Hat: Plastic, Class B, ANSI Z89.1, 1986, OSHA approved, with chin strap. Note: Hard hat meeting NFPA Standard 1977, 2003 Edition, is required.
3. Gloves: One pair of heavy-duty leather gloves per person.
4. Eye Protection: One pair per person (meets standards ANSI Z87.1, latest edition).
5. Head Lamp: One lamp per person with batteries and attachment for hard hat.
6. Canteen: One quart size, two per person required, four per person recommended (filled prior to arrival at incident).
7. New Generation Fire Shelter: One serviceable shelter per person.
8. Flame Resistant Clothing: Shirt and trousers for routine fireline duties, flame resistant clothing must:
  - a. Self-extinguish upon removal from heat source.
  - b. Act as an effective thermal barrier by minimizing conductive heat transfer.

- c. Not melt or shrink to any appreciable degree upon decomposition during exposure to a high heat source.
- d. Be manufactured from flame retardant treated (FRT) cotton, FRT rayon, FRT wool, aramid (nomex), or other similar fabric. Must be NFPA 1977 Compliant.

9. Turn-out Gear (structural engines only).

## **ENGINE REQUIREMENTS**

The following information applies to both structural and wildland engines.

At the time of pre-use inspection, the Department or District shall provide a complete inventory of the firefighting accessories on the vehicle. A copy of the inventory shall be provided to the inspector and the procurement unit each time the vehicle is used or re-assigned to an incident.

### **Classifying:**

When classifying engines, all of the requirements for both equipment and staffing must be met to be acceptable and must be certified (by signing the Memorandum of Understanding) by the Department or District Fire Chief or his/her designee stating that both meet the minimum requirements. Equipment lacking this certification shall not be signed up. It shall be the Department or District's responsibility to provide the certification/agreement prior to dispatch.

### **Training Requirements:**

All wildland engines must have a qualified Engine Boss (ENGB) in command to meet fully qualified NWCG standards. Starting June 1, 2010 engine operators under the developmental classification must be qualified at the UFRA / NFPA Wildland Firefighter II or NWCG Firefighter I. All crewmembers must be qualified to at least the UFRA / NFPA Wildland Firefighter 1 level or NWCG Firefighter II.

Individuals serving on structural engines deployed outside the local interagency dispatch zone for structure protection shall, at a minimum, be certified at the Wildland Firefighter 1 level as well as Structural Firefighter 1.

### **Foam Units:**

Any engine with compressed air foam capabilities (CAFS) shall be paid additional compensation. The government shall provide the foam, or make reimbursement when provided by the Fire Service Organization. For foam system rates refer to the vehicle and equipment rate section.

### **Tank Baffling:**

The water tanks must be equipped with partitions that reduce the shifting of the water load. Engines shall have the water tank baffled in a manner that conforms to the NFPA Standards for Mobile Water Supply Apparatus, or the American Society of Mechanical Engineers standards or other industry-accepted engineering standards.

### **Classification for Engines:**

**MINIMUM STANDARDS:** The following guide is to aid in the classification of engines. When typing equipment, all of the standards must be met to qualify the equipment. Failure to meet any standard places the equipment in a lower type or disqualifies the equipment in its entirety.

COMPONENTS	ENGINE CLASSIFICATIONS MINIMUM STANDARDS FOR TYPE						
	1*	2*	3	4	5	6	7
Pump Capacity (GPM at PSI)	1000+ 150	250+ 150	150 250	50 100	50 100	30 100	10 100
Tank Capacity	400+	400+	500+	750+	400-750	150-400	50-200
Hose, 2 ½" (feet)	1200	1000	--	--	--	--	--
Hose, 1 ½" (feet)	400	500	500	300	300	300	--
Hose, 1" (feet)	-0-	-0-	500	300	300	300	200
Ladder (feet)	**48'	**48'	--	--	--	--	--
Master Stream (GPM)	500	--	--	--	--	--	--
Personnel (minimum number)	4	3	3	2	2	2	2

\*Type 1 and 2 Structural Engines must also meet minimum specifications of NFPA 1901.

\*\*This includes 24' extension ladder, 14' roof ladder and 10' attic ladder for a total of 48'.

### Additional Requirements for Engines:

1. When fully loaded (including operators and accessory equipment) the vehicle will conform to manufacturer's gross vehicle weight rating (GVWR), or state highway gross vehicle weight (GVW) limits, whichever is less. This includes balancing the load in a manner that all axle weights comply with the manufacturer's gross axle weight rating.
2. Vehicles shall be configured in a manner that vehicle center of gravity is within the design limits of the equipment.

Listed below is the minimum required wildland engine inventory:

Hose: Type 3 Engine		Hand Tools	
500 ft	1 ½	1	Fire Shovel
500 ft	1 inch	1	Pulaski
200 ft	¾ inch	1	Scraping Tool of Choice
		Note:	Must have one hand tool per person on the engine
Hose: Type 4, 5 and 6 Engines		Miscellaneous	
300 ft	1 1/2 inch	2 roll	Flagging
300 ft	1 inch	1	Fire Extinguisher (5BC +)
200 ft	¾ inch	1	Belt Weather Kit
Water Handling Equipment		1	First Aid Kit
2	1 inch Gated Wyes	1	Hydrant Wrench
2	1 ½ inch Gated Wyes	2	MRE per person (minimum)
2	1 inch Combination Nozzles	5 gals	Extra Fuel for truck
2	1 ½ inch Combination Nozzles	1	Jack and Lug Wrench
1	Forester Nozzle	1	Drip Torch or 1cs. Fusees
1	¾ inch Nozzle	1	Backpack Pump
1	1 ½ inch Double Male	2	Bastard Files
1	1 ½ inch Double Female	1	Chainsaw 20" bar minimum
4	1 ½ inch to 1 inch Reducers	1	Chainsaw Chaps
2	1 inch to ¾ inch Reducer	1	Gal. Mixed Gas + 1 qt. Bar Oil
1	2 ½ to 1 ½ Hydrant Adapter	1	Chainsaw Tool Kit
20 ft	Suction Hose and Foot Valve	2	Flashlights
1	Spanner Wrenches 1-1 ½ combo	1 box	Extra Batteries (lights + radios)
1	Hose Clamp	2	Wheel Chocks
		5 gal	Drinking Water
		1	Handheld Radio (narrow band)

## **GUIDE FOR APPARATUS CLASSIFICATION NFPA MINIMUM STANDARDS FOR STRUCTURE FIRE APPARATUS**

**Purpose:** This guide was developed to aid those not familiar with structural fire apparatus, but who have a need to access the capabilities and minimum equipment standards required of this apparatus to function within a particular ICS type (for dispatch and payment purposes).

**Standards for Structural Fire Apparatus:** The following is a list of equipment deemed necessary for structural apparatus to operate safely and efficiently on the fire ground. This list, while not complete, is taken from NFPA Standards 1901, 1903, and 1904, 2003 Editions. Type 1 and 2 Engines would all be expected to follow these requirements and to include this equipment when in the structure firefighting mode. These NFPA Standards should be consulted if additional information or equipment listing is needed.

### **Universal Requirements:**

- All hose and appliance thread must be National Standard, not iron pipe or others.
- Adapters are acceptable.
- A red flashing light, or lights visible through 360 degrees in a horizontal plane, shall be installed. In addition, a pair of flashing, oscillating, or rotating warning lights shall be affixed on the front of the vehicle facing forward and below the windshield level with another pair affixed at the rear of the vehicle facing to the rear. An intersection light shall be affixed between the front wheel and the front of the vehicle on each side.
- Two universally mounted sealed beam rear lights shall be provided.
- Audible warning equipment in the form of one automotive horn and one electric or electronic siren shall be provided.
- The ignition key, if any, shall not be removable.

### **NFPA 1901, 2003 Edition – Additional Standards for Type 1 and 2 Engines**

- Axes, 1 each, pick head and flat head, 6lb.
- Ladders, 1 each, 14 ft. roof (folding hooks) and 24 ft. 2-section extension.
- Suction hose, minimum of 15 ft.
- Pike pole or plaster hook, 1 each, 6 ft; and 1 each, 8 or 10 ft.
- Hand lights, portable, 2 each.
- Fire extinguisher, portable, 2 each, 80 BC Dry Chem. Or 10 BC CO<sub>2</sub>.
- Fire extinguisher, 1 each, 2-½ gal water.
- One double female swivel connection with pump intake threads on one end and one or more 2 ½" female connections with National Standard hose thread on the other.
- SCBA, 1 each for each firefighter; 30-minute positive pressure, NFPA 1981 compliant. (Type I and II structural engines only)
- SCBA spare cylinders, 1 each for each SCBA carried, for SCBA type used. (Type I and II structural engines only)
- First Aid Kit, 1 each, 24 unit
- Combination fog nozzles, 2 each, 200 GPM minimum; 2 each, 95 GPM minimum
- Double male, 2 each and double female, 2 each (sized to fit hose used).
- Double-gated reducing wye, 1 each (sized to fit hose used).
- Hydrant wrench, 2 each, combination spanner wrench, 4 each
- Two wheel chocks (meets industry standards)
- Rubber mallet, 1 each, suitable for loosening suction hose connections

# Utah Fire Department MOU, Structure Engine Inventory

County: \_\_\_\_\_ Dept: \_\_\_\_\_  
 Engine ID: \_\_\_\_\_ MOU # \_\_\_\_\_

Engine Type Class: ☐ Type 1 ☐ Type 2

List Taken from NFPA Standards 1901,1903,1904 2003 edition. Type 1 and 2 engines would all be expected to follow these requirements and to include this equipment when in the structural fire fighting mode.

**Refer to Fire Department Manual and Rate book for further information and explanations.**

- ☐ All hose and appliance threads NST. Adaptors are acceptable  
☐ Red flashing light, or rotating lights visible 360 \* ☐ Two sealed beam rear lights  
☐ Automotive type horn and electronic siren. ☐ Ignition Key if any shall not be removable

1	Axe Pick Head	1	Ladder 14 foot Roof
1	Axe Flat Head	1	Ladder 24 ft. extension
	Suction Hose Minimum 15 ft.	1	Ladder 10 ft Attic
1	Pike Pole or Plaster hook 6 foot	1	First Aid Kit ( Basic OSHA
1	Pike Pole or Plaster hook 8 or 10 foot	2	Combination Fog Nozzle 200 GPM
2	Hand Lights Portable	2	Combination Fog Nozzle 95 GPM
2	Fire Extinguisher 80 BC or 10 BC CO2	2	Double Male Sized to each hose used
	Wildland Hand Tool ( 1 per Person	2	Double Female “ ”
1	DBL F swivel connection ( see manual	1	Gated Wyes Sized to each hose used
	SCBA 1 for each firefighter 30 min PP	2	Hydrant wrench
	SCBA spare cylinder 1 for each SCBA	4	Spanner wrench
2	Wheel Chocks Industry standard	1	Rubber mallet
	Narrow Band Radio ( programmable)		MOU Documentation
	Full Wildland PPE for all Personnel		Full Structural PPE for all Personnel

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Inspected By: \_\_\_\_\_ Date: \_\_\_\_\_

# **WATER TENDER REQUIREMENTS**

## **TACTICAL WATER TENDERS**

For purpose of clarification, the tactical water tender (TWT) is intended for use in the following tactical operations; in support of urban interface when structures are involved, for use on the fire line, or in direct support of fire suppression activities.

### **Foam Units**

Water tenders ordered with compressed air foam capabilities (CAFS) shall be paid additional compensation. The government shall provide the foam, or make reimbursement when provided by the Fire Service Organization. For foam system rates refer to the vehicle and equipment rate section.

### **Water Tank Baffles**

- The water tanks must be equipped with partitions that reduce the shifting of the water load.
- Water tenders shall have the water tank baffled in a manner that conforms to the NFPA Standards for Mobile Water Supply Apparatus, the American Society of Mechanical Engineers Standards, or other industry-accepted engineering standards.

### **Classifying**

When classifying water tenders, all of the requirements for both equipment and staffing must be met to be acceptable and must be certified (by signing the Cooperative Fire Rate Agreement, form FM100) by the Department or District Fire Chief, or his/her designee, stating that both meet the minimum requirements. Equipment lacking this certification shall not be signed up. It shall be the Department or District's responsibility to provide the certification/agreement prior to dispatch.

### **Training Requirements**

Tactical water tenders must have a qualified engine boss (ENGB) in command to meet NWCG standards. However, until June 1, 2010 a developmental classification will be allowed while operating within the local interagency dispatch zone. All crew member(s) need to be qualified to at least the Wildland Firefighter 1 level.

## **NON-TACTICAL WATER TENDERS**

For purposes of clarification, the non-tactical water tender is intended for use in the following operations: dust abatement, water transfer and unloading into a port-a-tank or engine. Water trucks will not be used in direct suppression activities.

Water trucks shall have a spreader bar or equal capability that is capable of broadcasting an even spray.

### **Water Tank Baffles**

- The water tanks must be equipped with partitions that reduce the shifting of the water load.
- Water tenders shall have the water tank baffled in a manner that conforms to the NFPA Standards for Mobile Water Supply Apparatus, or the American Society of Mechanical Engineers Standards, or other industry-accepted engineering standards.



## Classifying

When classifying water tenders, all of the requirements for both equipment and staffing must be met to be acceptable and must be certified (by signing the Cooperative Fire Rate Agreement, form FM100) by the Department or District Fire Chief, or his/her designate, stating that both meet the minimum requirements. Equipment lacking this certification shall not be signed up. It shall be the Department or District's responsibility to provide the certification/agreement prior to dispatch.

## Training Requirements

Non-tactical water tender operators need to be qualified at the wildland firefighter 1 level if directly involved in suppression activities on the fire line.

### WATER TENDER (WT) AND TACTICAL WATER TENDER (TWT) CLASSIFICATION

COMPONENTS	MINIMUM STANDARDS FOR WATER TENDER TYPE		
	1	2	3
Pump capacity (GPM)	300	200	200
Tank capacity (Gallons)	5000	2500	1000
Off Load capacity (GPM)	300	200	200
Maximum Refill Time (minutes)	30	20	15
Personnel			
Water Tender (WT)	1	1	1
Tactical Water Tender (TWT)	2	2	2
Drafting Capability or refill pump	Yes	Yes	Yes

### ADDITIONAL REQUIREMENTS FOR NON-TACTICAL WATER TENDERS AND TACTICAL WATER TRUCKS

1. Fully loaded water tenders (including operators and accessory equipment) must conform to manufacturer's gross vehicle weight rating (GVWR), or state highway gross vehicle weight (GVW) limits, whichever is less. This includes balancing the load in a manner that all axle weights comply with the manufacturer's gross axle weight rating.

Pre-season sign up will require the unit to be fully loaded, with the Department or District providing weight tickets for the load from a certified scale. The weight tickets will be by individual axle weight. An exception to the GVW requirements may be made for the Type 1 Tenders, designed for off-highway construction where the GVW is less than the GVWR.

2. Vehicles shall be configured in a manner that the center of gravity for the vehicle is within the design limits of the equipment.

## MINIMUM REQUIRED COMPLEMENTS FOR WATER TENDERS

Non-Tactical Water Tenders Minimum Inventory for Type 1, 2 and 3			
Hose		Tools	
100 ft	1 ½ inch hose	1	Fire Shovel
200 ft	2 ½ inch hose	1	Pulaski
20 ft	Suction hose with foot valve		
Water Handling Equipment		Miscellaneous	
1	1 ½ inch Double Male	1	Fire Extinguisher (5BC +)
1	1 ½ inch Double Female	1	Handheld Radio (narrow band)
1	2 ½ to 1 ½ Hydrant Adapter	2	MRE per person (minimum)
1	1 ½ inch Gated Wye	1	First Aid Kit (5 person)
1	Hose Clamp	2	Flashlights
1	Hydrant Wrench	1 box	Extra Batteries (lights + radios)
1	Spanner Wrench	2	Wheel Chocks
		5 gal	Drinking Water
		5 gals	Extra Fuel for truck

Tactical Water Tender must meet the entire Non-Tactical inventory plus:			
Hose		Tools	
300 ft	1 inch hose	1	Belt Weather Kit
Water Handling Equipment		2 roll	Flagging
2	1 inch Combination Nozzles	1	Drip Torch or 1cs. Fusees
2	1 ½ inch Combination Nozzles	2	Bastard Files
4	1 ½ inch to 1 inch Reducers	1	Chainsaw 20" bar minimum
1	Backpack Pump	1	Chainsaw Chaps
		1	Chainsaw Tool Kit

## VEHICLE & EQUIPMENT RATES

### General

Department or District engines and equipment entering into a memorandum of understanding (MOU) with FFSL may be reimbursed under two different rate structures; NWCG Fully Qualified and Developmental. Under the NWCG Fully Qualified rate structure, equipment, staffing, and personnel training and qualifications must meet all NWCG standards. A single resource engine boss (ENGB) must be in command of the engine or tactical water tender to qualify under this category. Equipment under this classification may be available, at the Department or District Chief's discretion, for dispatch anywhere outside the local interagency dispatch zone. Under the developmental classification equipment must meet the minimum inventory and staffing requirements identified in this document. Personnel must be qualified at least to Wildland Firefighter 1. Equipment under this classification are only available for assignment within the local interagency dispatch zone.

It is the intention that all Departments or Districts under an MOU with FFSL eventually meet NWCG requirements. Therefore, FFSL will continue to assist all Departments or Districts interested in meeting these standards. The two classifications will be available in order to give Fire Departments or Districts sufficient time to meet NWCG standards..

## Standard Rate Structure

Fire Department or District equipment will normally be compensated at a fully operated, hourly rate.

2010 Fire Department Or District Rates Structural Engines			
Class	Developmental Rate	Fully Qualified NWCG	# Persons
T1 Engine	NA	\$ 230	4
T2 Engine	NA	\$ 200	3
Wildland Engines			
T3 Engine	\$ 125	\$ 167	3
T4 Engine	\$ 118	\$ 157	2
T5 Engine	\$ 111	\$ 147	2
T6 Engine	\$ 108	\$ 137	2
Gamma Goat	\$ 92	\$ 120	2
Water Tenders (Tactical)			
T1 Tender	\$ 112	\$ 140	2
T2 Tender	\$ 104	\$ 130	2
T3 Tender	\$ 100	\$ 125	2
Water Tenders (Non-Tactical)			
T1 Tender	NA	\$ 110	1
T2 Tender	NA	\$ 100	1
T3 Tender	NA	\$ 95	1

## Federal Excess Personal Property

Some Fire Service Organizations have on loan Federal Excess Personal Property (FEPP) equipment.

The rate for this equipment is determined by using two-thirds (66%) of the rate that best describes the equipment. Equipment rates are composed of an operating and depreciation component. The two-thirds rate is intended to cover operating expenses of the equipment. Since the title of FEPP equipment stays with the federal government, and depreciation is not an appropriate expense for the Fire Department or District, the reduction in rate reflects the calculated depreciation amount for the equipment

2010 Fire Department Or District Rates Federal Excess Equipment Structural Engines			
Class	Developmental Rate	Fully Qualified NWCG	# Persons
T1 Engine	NA	\$ 179	4
T2 Engine	NA	\$ 152	3
Wildland Engines			
T3 Engine	\$ 116	\$ 131	3
T4 Engine	\$ 107	\$ 117	2
T5 Engine	\$ 101	\$ 111	2
T6 Engine	\$ 96	\$ 110	2
Gamma Goat	\$ 83	\$ 93	2
Water Tenders (Tactical)			
T1 Tender	\$ 93	\$ 106	2
T2 Tender	\$ 88	\$ 99	2
T3 Tender	\$ 85	\$ 96	2
Water Tenders (Non-Tactical)			
T1 Tender	NA	\$ 79	1
T2 Tender	NA	\$ 73	1
T3 Tender	NA	\$ 70	1

## Other Engine Provisions

- For compressed Air Foam System (CAFS) – Plumbed into the system, increase the hourly rate by \$20.00.
- For additional personnel increase the hourly rate \$20.00/person/hour. Additional personnel must be agreed to by the Department or District and FFSL and identified in the Cooperative Rate Agreement.
- Engines may use reduced staffing due to available seating; subtract \$20 an hour per person for each position less than the standard staffing. Actual staffing will be recorded on the equipment shift ticket.
- No reimbursement will occur for equipment not meeting minimum staffing requirements.
- If engine/crew personnel are switched out during an incident and the switch out results in a qualification change, the rate will be adjusted at that time to reflect the appropriate rate: qualified or developmental.
- Type one and two engines that are used for wildland fire suppression (no structures or vehicles protected or involved) **will be compensated at the Type three engine rate.**

## Miscellaneous Equipment and Personnel

Rates for additional Fire Department or District equipment are listed below. Any additional equipment or personnel must be identified and agreed to in the Cooperative Rate Agreement and requested or approved by the Division.

2010 Fire Department Or District Rates Miscellaneous Equipment		
Rates were determined after a comparison study was done between geographic areas.		
Additional Equipment		
	Hourly Rate	Maximum Daily Rate
Pumpkin/Porta Tank(min. 1500 gal)	N/A	\$ 75
Portable pumps(order specifically)	\$ 15	\$ 120
ATV – 4 Wheel Drive	\$ 11	\$ 110
UTV – Gators / side by side	\$ 14	\$ 140
Command Vehicle (only hrs USED on Fire Line when requested)	\$ 11	\$ 95**
Sedan Van/Station Wagon	\$ 9	\$ 76**
4X2 Truck	\$ 9	\$ 76**
4X4 Sport Utility	\$ 11	\$ 95**
4X4 Truck	\$ 10	\$ 96 **
10 – 29 Passenger Bus	\$ 43	\$ 585 w/operator
Fuel Tender (Gov't pays fuel)	\$ 87	\$ 1050 w/operator
Communications/Mechanics Vehicle	\$ 95	\$ 1,150 w/operator
Truck tractor w/Trailer / 1 driver	\$ 3.50/mi	\$ 500 stands by w/operator
Chainsaws (ordered specifically)	\$ 9	\$ 63
Generators	\$ 14	\$ 95
Command Post Vehicle	\$ 110	\$ 1,200 w/operator
Ambulance (Stand-By) ***	\$ 100	\$ 1200
Paramedic Kit	\$ 17	\$ 200
EMT Basic	\$ 21	N/A
EMT Intermediate	\$ 22	N/A
Paramedics	\$ 25	N/A

\*\* or \$.50 per mile, which ever is greater, and mileage is verifiable

\*\*\* Hospital Transport shall be at the prevailing ambulance service area rate not under this agreement

Dozer (Crawler Tractor with dozer blade) (Non-Competitive). Included in the rate is cooperators provided support for pilot cars, fuel, maintenance, and operator transportation and hauling/transporting permits if required.

All dozers are required to be equipped with rollover protection (certified), safety canopy, and approved spark arrester on all naturally aspirated engines, axe or Pulaski, and shovel, fire extinguisher - minimum 10:BC rating, headlights and backup lights, and backup alarm.

Type	Engine Net HP At Flywheel	Hourly Rate	Daily Rate Maximum	How to Hire
3	50 HP – 99 HP	\$103	\$1241	Operator: (wet) Supplies: (wet)
2	100 HP – 199 HP	\$142	\$1704	
1	200 HP and Greater	\$198	\$2382	

TYPE 3 DOZERS	
CASE	Hd-4, 6+, hd-11b, 550+, 650+, 750+, 850+, 1150
CATERPILLAR	D3+, D-4+, D-5, D-5C, D-5G, D-6, D-6B
JOHN DEERE	JD-450+, JD-550, JD-650+, JD-750C-D,
FIAT-ALLIS	FD-5, F-6+, FD-7+, FD-9
KOMATSU	D-31+, D-32+, D-37+, D-38+, D-39+, D45A-1, D45A-3, D45P-1
INTERNATIONAL/DRESSTA	TD-7+, TD-8+, TD-9+

TYPE 2 DOZERS	
CASE	1150B-D, 1150H, 1450, 1450B, 1650K
CATERPILLAR	D5-B, D-5H, D-6C, D-6M, D-7C, D-7D
JOHN DEERE	JJD-700H, JD-750, JD-750B, C JD-850, JD850B
FIAT-ALLIS	10-B, 10-C, 11-B, 14-C
KOMATSU	D41E-6, D53A-15/16/16A/17, D53P-16/17, D60P-3/6, D61-EX-12, D61PX-12, D65A-6
INTERNATIONAL /DRESSTA	TD-12+, TD-15B, TD-15C
CASE	1850K
CATERPILLAR	D-6H, D-7E, D-7F, D-7G, D-8(13A), D-8D(15A), D-8G(15A), D-8E(14A), D-8E(14A)
JOHN DEERE	JD-850C-II+
FIAT-ALLIS	16B, FS-20
KOMATSU	D65E-6, D65EX-12, D65P-6, D65PX-12, D85A-12
INTERNATIONAL/DRESSTA	TD-15H, TD-20B, TD-20C, TD-125B
TEREX	82-20

TYPE 1 DOZERS	
CATERPILLAR	D-7R, D-8H(35A) 36A)
INTERNATIONAL/DRESSTA	TD-20E, TD-20H
KOMATSU	D85E-12, D85E-21, D85P-21, D87E-2, D87P-2
TEREX	82-20B, 82-30

CATERPILLAR	D8-H (46A), D-8K, D-8N
FIAT-ALLIS	21-B, 21-C, FD-30
INTERNATIONAL/DRESSTA	TD-25C, TD-25E, TD-30A
TEREX	82-30B, 82-40

CATERPILLAR	D-8L, Kk-9+>>>
FIAT-ALLIS	31 Series, 41-B
KOMATSU	D155A-1, D155AZX-5, D275A-5, D-335A-3, D355A-1, D375A-1+>>>
TEREX	82-50, 82-80

Excavator, Hydraulic (Non-Competitive). Included in the rate is cooperators provided support vehicles, pilot cars, fuel, maintenance, and operator transportation. Only excavators with hydraulic thumb will be ordered.

All excavators are required to be equipped with rollover protection, safety canopy, approved spark arrester on all naturally aspirated engines, axe or Pulaski and shovel, fire extinguisher - minimum 10:BC rating, headlights and backup lights, if scoop/bucket equipped - 4 way type preferred, and backup alarm.

Type	Engine Net At Flywheel	Hourly Rate	Daily Rate Maximum	How to Hire
1	85,000 lbs/ 231+ HP	\$243	\$2926	Operator: (wet) Supplies: (wet)
2	60,000 lbs/ 161-230 HP	\$181	\$2173	
3	50,000 lbs/ 136-160 HP	\$154	\$1851	
4	44,000 lbs/ 111-135 HP	\$139	\$1675	
5	35,000 lbs/ 86-110 HP	\$125	\$1505	
6	25,400 lbs/ 76-85 HP	\$117	\$1409	
7	18,400 lbs/ 61-75 HP	\$99	\$1188	
8	14,000 lbs/ 50-60 HP	\$96	\$1151	

TYPE 1	
Case	CS330, CX460, CX800, 9050B, 9060B
Caterpillar	330CL, 345BL, 345BL II, 350L, 365BL, 375
Daewoo	SOLAR 330LC-V, SOLAR 400LC-V, SOLAR 450-III,
John Deere	330C LC, 330LC, 370, 370C, 450C LC, 450LC, 600C LC
Fiat Allis	FX480LC, FX600LC
Hitachi	ZAXIS 330LC, ZAXIS 370, EX550LC-3, EX700, ZAXIS 450LC, ZAXIS 600LC, ZAXIS 800, EX450LC, EX550LC-5
Hyundai	R360LC-3, R450LC-3,
JCB	JS450, JS460
Kobelco	SK300LC, SK330LC, SK400LC MARK IV, SK480LC
Komatsu	PC300HD-6, PC300HD-7, PC300LC-6, PC300LC-7, PC400HD-6, PC400LC-6, PC450LCD-6K, PC600LC-6
Liebherr	R954B HD, R964B UTILITY, R974
Link-Belt	330LX, 370LX RB, 460LX, 5800 QUANTUM
New Holland	EC350LC, EC450LC, EC600LC
Samsung	SE350LC-2, SE450LC-2
Volvo	EC330B LC, EC360B LC, EC360 LC, EC460B LC, EC460LC

TYPE 2	
Badger	666 Hydro-Scopic, 670 Hydro-Scopic, 888 Hydro-Scopic,
Case	CX240, CX290, 9040B, 9045B
Caterpillar	322CL, 325BL, 325CL, 330BL
Daewoo	SOLAR 250LC-V, SOLAR 290LC-V
John Deere	230LC, 230C LC, 270LC, 270C LC
Fiat Allis	FX240LC, FX270LC, FX350LC
Gradall	XL5200
Hitachi	ZAXIS 230LC, ZAXIS 270LC, EX270LC-5, EX330LC-5, EX370-5
Hyundai	R250LC-3, R290LC-3, R320LC-3
JCB	JS330
Kobelco	SK220LC MARK IV, SK250LC, SK270LC MARK IV,

TYPE 2	
	SK290LC
Komatsu	PC220LC-7, PC270LC-6, PC270LC-7, PC308USLC-3
Liebherr	R934HDSL
Link-Belt	240LX, 290LX, 3900 QUANTUM
New Holland	EC240LC
Samsung	SE240LC-3, SE280LC-2, SE280LC-3
Volvo	EC240B, EC240LC, EC240LR, EC290B, EC290LC, EC290LR

TYPE 3	
Case	CX210, CX225
Caterpillar	320C, 320CL, 320C U, 320CL U, 321C LCR, 322BL
Daewoo	SOLAR 220LC-5,
John Deere	200C LC, 200LC, 225C LC
Gradall	XL4200
Hitachi	ZAXIS 200LC, EX230LC-5
JCB	JS260
Kobelco	SK200LC MARK IV, 200SRLC, SK210LC, 235SRLC
Komatsu	PC200-7, PC200LC-7, PC220LC-6, PC228USLC-3, PC250LC-6,
Liebherr	R924
Link-Belt	210LX, 3400 QUANTUM
New Holland	EC215LC
Samsung	SE210LC-3
Volvo	EC210B, EC210LC, EC210LR

TYPE 4	
Case	9030B, 9030BN
Caterpillar	318B, 318BL N, 318 CL, 318 CL N, 320B, 320BL, 320BN
Daewoo	SOLAR 170-III, SOLAR 170LC-V
Fiat Allis	FX200LC
Hitachi	EX200LC-5,
Hyundai	R180LC-3, R210LC-3
JCB	JS200, JS220
Kobelco	SK160LC, ED190, 200SRLC
Komatsu	PC200-6B, PC200LC-6, PC228USLC-1, PC228USLC-2
Liebherr	R904, R914
Link Belt	2800 Quantum

TYPE 5	
Case	CX130, CX135, CX160, 9010B, 9020B
Caterpillar	215, 315C, 315CL, 313B, 314C, 314CL, 315B, 315BL, 315C, 315CL
Daewoo	SOLAR 130LC-V
John Deere	120C, 135C, 160LC, 160C
Fiat Allis	FX140
Gradall	XL3200
Hitachi	ZAXIS 120, ZAXIS 160LC, RC260LC-5,
Hyundai	R130LC-3, R160LC-3
JCB	JS160
Kobelco	SK130LC MARK IV, SK115DZ LC MARK IV, 135SRLC, 135RL, ED150, SK150LC MARK IV
Komatsu	PC120-6, PC120LC-6, PC128US-1, PC128US-2,

TYPE 5	
	PC128UU-2, PC138USLC-2, PC150-6, PC150LC-6, PC158USLC-2, PC160LC-7,
Link-Belt	160LX, 2700 QUANTUM
Mustang	ME12002
New Holland	EC160LC
Samsung	SE130LC-2, SE130LC-3, SE130LCM-2, SE130LCM-3
Volvo	EC140BLC, EC140LC, EC140LCM, EC150LC, EC160BLC

TYPE 6	
Caterpillar	311B, 311C, 312B, 312BL
John Deere	110
Gradall	XL2200
Hitachi	EX110-5, EX120-5
JCB	JS130
Kobelco	115SRDZ
Komatsu	PC95R-2, PC100-6, PC128UU-1
Liebherr	R312
Link-Belt	2650 QUANTUM
Mustang	ME 8002, ME12002
New Holland	EC130LC
Schaeff, Inc.	HR41
Takeuchi	TB070, TB175

TYPE 7	
Bobcat	442
Gehl	GE802
Komatsu	PC95-1
Mustang	ME 8002
Schaeff, Inc.	HR31, HR32
Terex	HR32

TYPE 8	
Case	CX75, 9007B
Caterpillar	307B, 307C, 308C
Daewoo	Solar 70-III,
John Deere	80, 80C
Hitachi	ZAXIS 80, EX80-5
JCB	JS70, JZ70
Kobelco	SK60 MARK IV, 70SR, 80CS
Komatsu	PC60-7, PC60-7B, PC78US-6
Link-Belt	75, 1600 QUANTUM
Nagano	NX75-2
Schaeff, Inc.	HR22
Takeuchi	TB070, TB175
Thomas	T75
Yanmar	V1070



Road Grader (Non-Competitive). Required to be equipped with rollover protection, safety canopy, approved spark arrester on all naturally aspirated engines, axe or Pulaski and shovel, fire extinguisher - minimum 10:BC rating, headlights and backup lights, and backup alarm.

Type	Engine Net HP at Flywheel	Hourly Rate	Daily Rate Maximum	How to Hire
4	75 HP – 114 HP	\$98	\$1176	Operator: (wet) Supplies: (wet)
3	115 HP – 144 HP	\$112	\$1343	
2	145 HP – 199 HP	\$128	\$1545	
1	200 HP – 250 HP	\$212	\$2550	

TYPE 1 (200-250 HP)	
Case	885
Caterpillar	14H, 16H
Champion	D-686, 780, 740A, 750A, 780A
Galion	T-700, 870B, 870C
John Deere	772CH II
Komatsu	GD670A-2C, GD670AW-2C, GD750A-1, GD825A-2
New Holland	RG200, RG200B
Volvo	G740, G740B, G746B, G780, G780B

TYPE 2 (145-199 HP)	
Case	865
Caterpillar	12H, 140H, 143H, 160H, 163H
Champion	720A, 726A, 730A, 736A
Fiat Allis	FG85A, FG105A
Galion	850B, 850C
John Deere	670CH II, 672CH II, 770C, 770C II, 770CH, 770CH II, 772CH
Komatsu	GD650A-2C, GD650AW-2C, GD655-3, GD675-3
New Holland	RG170, RG170B
Volvo	G720, G720B, G726 VHP, G726B, G730, G73B, G736 VHP

TYPE 3 (115-144 HP)	
Case	845
Caterpillar	120H, 135H
Champion	710A, 716A
Galion	830B, 830C
John Deere	670C, 670C II, 670CH, 672CH
Komatsu	GD530A-2C, GD530AW-2C, GD555-3
New Holland	RG140, RG140B
Volvo	G710, G710B, G716VHP

TYPE 4 (75-114 HP)	
Champion	C50A, C60A, C66A, C70A, C76A, C80A, C86A
Fiat Allis	65C
Galion	850B, 850C
Ingram	MG747
Lee-Boy	685
New Holland	RG80, RG100
Volvo	G60, G66, G80, G86

**Other Rates:** will be negotiated at pre-season sign-up period or as needed at the incident

# LARGE INCIDENT ASSIGNMENT CHECKLIST

Always keep available a copy of the rate book and this checklist.

## WHEN CALLED TO AN INCIDENT, QUESTIONS TO ASK:

- ❑ What is my Resource Order Number? This number will be used to track your equipment to the incident, during the incident and when it is released. Obtain a copy of the Resource Order, you must have a copy to attach to your invoice.
- ❑ Where to report? The incident may have several reporting locations. Be sure to have a specific identifiable location in which to report.
- ❑ Who to report to? Name of individual or position title and method of contact i.e. radio frequency, phone number, etc.
- ❑ Agree upon a starting time. Confirm an ETA to the reporting location. This is important to assure payment begins at an agreed upon time.

## UPON ARRIVAL AT LOCATION OF INCIDENT:

- ❑ Have Resource Order Number available. If location is different then your original resource order ask for a copy of the new resource order.
- ❑ At this time, you must give finance a copy of your Cooperate Fire Rate Agreement, Form FM100. You must have this document so your equipment can be used and paid according to this agreement.
- ❑ Be sure to have an Emergency Equipment Shift Ticket started at this time with your travel time on it. You must have an authorized shift ticket for all hours of travel and work to receive payment.
- ❑ Be sure to have a Vehicle/Heavy Equipment Inspection done at this time and keep your copy. If your equipment is damaged on the incident, you will need this document to verify the condition of your equipment prior to use on the incident.
- ❑ A complete inventory list must be provided upon check-in. Equipment must meet minimums as outlined in this document.

## DURING INCIDENT:

- ❑ Be sure a shift ticket is completed at the end of each operational period. A government official and the fire department representative, or his authorized agent, must sign each shift ticket. Shift tickets must be turned into finance daily.
- ❑ Be sure to keep your copies of each shift ticket. Your payment is based on the information recorded on these forms. Bring the originals home to attach with your invoice.
- ❑ Claims for damaged vehicles and equipment must be reported as soon as possible. Depending on the nature of the claim, appropriate forms must be filled out and submitted to the agency. Your supervisor and/or the Finance/Administration Section Chief can provide information.

- ❑ Restock of equipment and supplies from the supply unit are allowed. For items that are not able to be filled at the supply or ground support unit upon demobilization, a “S” number shall be given in order that the item(s) may be replaced. A copy of the S resource order must be accompanied with the receipt of purchase.
- ❑ Medical injuries or sickness must fill out Utah Worker’s Comp form. The fire will pay for your first medical treatment on the incident. The original of the Utah Worker’s Comp form should be attached to your paper work to come home. You keep all paperwork in case further questions are asked about the bill. If additional medical attention is needed at the home unit, file with the Worker Compensation Fund.

**UPON RELEASE FROM THE INCIDENT:**

- ❑ Be sure to have a release inspection and post-inventory performed on your equipment.
- ❑ Have a performance evaluation completed whenever possible.
- ❑ Emergency Equipment Shift Ticket(s) is/are complete (the original copy of all your time on the fire including travel).
- ❑ Department or District for delivery to the appropriate Utah Forestry, Fire & State Lands office
- ❑ Completed finance packages (resource order, agreements, inspections, shift tickets, Crew Time Report (if applicable) and Cooperators Use Invoice) must be given to the Fire Department or District for delivery to the appropriate Utah Division of Forestry, Fire and State Lands Area office for payment.



## State of Utah

### DEPARTMENT OF NATURAL RESOURCES

MICHAEL R. STYLER  
*Executive Director*

#### Division of Forestry, Fire and State Lands

RICHARD J. BUEHLER  
*State Forester/Division Director*

JUNE 1, 2010

#### TO WHOM IT MAY CONCERN:

THE UTAH FIRE DEPARTMENTS ARE COOPERATORS OF THE STATE OF UTAH. THEY ARE RECOGNIZED, UNDER THE COOPERATIVE FIRE MANAGEMENT AGREEMENT (#08-FI-11046000-012) BETWEEN THE STATE OF UTAH AND THE FEDERAL LAND MANAGEMENT AGENCIES, AS A STATE-CONTROLLED SUPPRESSION RESOURCE WHEN DISPATCHED OUTSIDE THEIR AREA OF RESPONSIBILITY.

THEY SHOULD BE TREATED AND TRACKED AS A COOPERATOR CREW AND/OR EQUIPMENT (CREW TIME REPORT, EMERGENCY FIREFIGHTER TIME REPORT, EMERGENCY EQUIPMENT SHIFT TICKET, ETC.). THEY HAVE COPIES OF THE UTAH COOPERATIVE FIRE MANAGEMENT AGREEMENT WITH THE FEDERAL LAND MANAGEMENT AGENCIES, THE STATE-WIDE ANNUAL OPERATING PLAN, AND THE STATE/COUNTY COOPERATIVE AGREEMENT.

BY AGREEMENT, THESE RESOURCES WILL BE PAID BY THE STATE OF UTAH WHEN USED ON FEDERAL FIRES INSIDE THE STATE OF UTAH OR ANY OUT-OF-STATE FIRES REGARDLESS OF LAND OWNERSHIP/ADMINISTRATION. FOR FEDERAL FIRES WITHIN THE STATE, REIMBURSEMENT TO THE STATE FOR THESE RESOURCES IS MADE AS PART OF THE OVERALL SETTLEMENT BETWEEN THE STATE AND FEDERAL LAND MANAGEMENT AGENCIES FOR ALL FIRES. OUT-OF-STATE FIRE COSTS ARE BILLED BY THE STATE TO THE WASATCH/CACHE NATIONAL FOREST (CAPITOL CITY FOREST). THE ORIGINAL DOCUMENTATION MUST BE RETURNED WITH THE ENGINE/CREW!

SHOULD YOU HAVE QUESTIONS CONCERNING THESE RESOURCES, CONTACT:

Tracy Dunford  
State Fire Management Officer  
Office: 801-538-5502  
Home: 435-657-0668  
Cell: 801-558-6508

Shane Freeman  
State Assistant Fire Mgmt Officer  
Office: 801-538-5501  
Home: 801-446-8715  
Cell: 801-560-1072

SINCERELY,

TRACY DUNFORD  
State Fire Management Officer

1594 West North Temple, Suite 3520, PO Box 145703, Salt Lake City, UT 84114-5703  
telephone (801) 538-5555 • facsimile (801) 533-4111 • TTY (801) 538-7458 • [www.dnr.utah.gov](http://dnr.utah.gov)



# UTAH DIVISION OF FORESTRY, FIRE & STATE LANDS DIRECTORY

Main Salt Lake Office	
<b>Tracy Dunford</b> State Fire Management Officer 1594 West North Temple, Suite 3520 PO Box 145703 Salt Lake City, Utah 84114-5703 801-538-5502 phone 801-558-6508 cell <a href="mailto:tracydunford@utah.gov">tracydunford@utah.gov</a>	<b>Jane Martinez</b> Fire Incident Business Specialist 1594 West North Temple, Suite 3520 PO Box 145703 Salt Lake City, Utah 84114-5703 801-538-5427 phone 801-541-6764 cell <a href="mailto:janemartinez@utah.gov">janemartinez@utah.gov</a>
Bear River Area	Wasatch Front Area
<b>Counties Served:</b> Box Elder, Cache, Rich, Weber  <b>Blain Hamp</b> Area Manager 1780 N Research Parkway, Suite 104 Logan, Utah 84341 435-752-8701 phone 435-881-6979 cell <a href="mailto:blainhamp@utah.gov">blainhamp@utah.gov</a>	<b>Counties Served:</b> Utah, Davis, Morgan, Salt Lake, Tooele  <b>Barbara Gardner</b> Area Manager 1594 West North Temple, Suite 3520 PO Box 145703 Salt Lake City, Utah 84114-5703 801-538-5351 phone 801-554-8984 cell
Northeast Area	Central Area
<b>Counties Served:</b> Daggett, Duchesne, Summit, Uintah, Wasatch  <b>Steve Rutter</b> Fire Management Officer 2210 S Hwy 40 Suite B Heber City, Utah 84032  435-671-3327 cell <a href="mailto:stephenrutter@utah.gov">stephenrutter@utah.gov</a>	<b>Counties Served:</b> Juab, Millard, Piute, Sanpete, Sevier, Wayne  <b>Fred Johnson</b> Fire Management Officer 1139 N. Centennial Park Dr. Richfield, Utah 84701 435-896-5697 phone 435-851-1546 cell <a href="mailto:fredjohnson@utah.gov">fredjohnson@utah.gov</a>
Southwest Area	Southeast Area
<b>Counties Served:</b> Beaver, Garfield, Iron, Kane, Washington  <b>Mike Melton</b> Fire Management Officer 585 North Main Street Cedar City, Utah 84721 435-586-4408 phone 435-590-4172 cell <a href="mailto:mikemelton@utah.gov">mikemelton@utah.gov</a>	<b>Counties Served:</b> Carbon, Emery, Grand, San Juan  <b>Rudy Sandoval</b> Fire Management Officer 319 N. Carbonville Rd. Suite D Price, Utah 84501 435-613-3770 phone 435-650-0114 cell <a href="mailto:rudysandoval@utah.gov">rudysandoval@utah.gov</a>

# FORMS

## COOPERATIVE RATE AGREEMENT- FM 100

AS PART OF THE \_\_\_\_\_ COUNTY AGREEMENT Page 1 of \_\_\_\_\_

AND WITH  
THE UTAH DIVISION OF FORESTRY, FIRE AND STATE LANDS

### COOPERATIVE FIRE RATE AGREEMENT

COOPERATIVE FIRE RATE AGREEMENT NUMBER:												
(1) FIRE DEPARTMENT NAME (COOPERATOR)					(5) FFSL AREA OFFICE							
(2) ADDRESS					(6) ADDRESS							
(3) CITY, STATE, ZIP CODE					(7) CITY, STATE, ZIP CODE							
(4a) BUS. PHONE		(4b) EMERGENCY PHONE			(8) PHONE							
(9) FEDERAL EMPLOYER ID NUMBER					(10) EFFECTIVE DATES OF AGREEMENT							
<b>(11) EQUIPMENT STAFFING</b> <input type="checkbox"/> INCLUDED IN EQUIPMENT RATE <input type="checkbox"/> SEPARATE					<b>(12) TYPE OF DEPARTMENT</b> <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> CAREER <input type="checkbox"/> COMBINATION							
<b>(13) EQUIPMENT DESCRIPTION</b> List make, model, year, ICS Type, Gallons, GPM, Unit #, License #, 4x4, foam capability					(14) STAFFING		RATES					
					Minimum Required	FD Standard	(15) WORK OR HRLY			(16) SPECIAL		
							RATE	Wet/Dry*	UNIT	RATE	Wet/Dry*	UNIT
a.												
b.												
c.												
d.												
e.												
f.												
g.												
* All cooperators are eligible for fuel and expendable items at incident.												
<b>(17) Special Provisions</b>												
<b>ADO PAYMENT:</b> Utah Division of Forestry, Fire and State Lands 1594 West North Temple, Suite 3520 P.O. Box 145703 Salt Lake City, UT 84114-5703												
(18) FIRE DEPARTMENT REPRESENTATIVE SIGNATURE					(19) NAME AND TITLE (PLEASE PRINT)					(20) DATE		
(21) FFSL REPRESENTATIVE SIGNATURE					(22) NAME AND TITLE (PLEASE PRINT)					(20) DATE		

FORM FM 100

DISTRIBUTION: ORIGINAL TO FIRE MANAGEMENT - SLC, COPIES TO AREA OFFICES AND COOPERATORS

Last updated: 03/08

## EMERGENCY EQUIPMENT SHIFT TICKET (OF-297)

Shift tickets must be completed at the end of each operational period. The Fire Service Organization and the person responsible for directing the work of the equipment are responsible to see that shift tickets are completed. **Any known defects or damage to equipment going on or off shift must be documented in the "Remarks" section.**

EMERGENCY EQUIPMENT SHIFT TICKET					
<i>NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.</i>					
1. AGREEMENT NUMBER			2. CONTRACTOR (name)		
3. INCIDENT OR PROJECT NAME		4. INCIDENT NUMBER		5. OPERATOR (name)	
6. EQUIPMENT MAKE		7. EQUIPMENT MODEL		8. OPERATOR FURNISHED BY <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT	
9. SERIAL NUMBER		10. LICENSE NUMBER		11. OPERATING SUPPLIES FURNISHED BY <input type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)	
12. DATE MO/DAY/YR	13. EQUIPMENT USE				14. REMARKS (released, down time and cause, problems, etc.)
	START	STOP	HOURS/DAYS/MILES (circle one) WORK SPECIAL		
					15. EQUIPMENT STATUS <input type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor
					16. INVOICE POSTED BY (Recorder's initials)
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE			18. GOVERNMENT OFFICER'S SIGNATURE		19. DATE SIGNED

NSN 7540-01-119-5628  
50297-102



OPTIONAL FORM 297 (Rev. 7-90)  
USDA/USDI

## CREW TIME REPORT (SF 261)

[illegible]



# COOPERATORS USE INVOICE



## COOPERATORS USE INVOICE

Administrative Office:  
Utah Division of Forestry, Fire & State Lands  
1594 W North Temple, Ste 3520  
Salt Lake City, UT 84114-5703  
801-538-5555 (phone) · 801-533-4111 (fax)

1. Cooperator Name & Address					2. Area Office		3. Area Phone		
					4. Incident Name / Land Ownership				
					5. Incident Number / Resource Order Number				
6. EIN/SSN					7. Agreement Number				
8. Date of Hire			9. Date Released		10. Supplies furnished by: <input type="checkbox"/> Cooperator <input type="checkbox"/> Government			11. Operator furnished by: <input type="checkbox"/> Cooperator <input type="checkbox"/> Government	
12. Date MM-DD-YY	13. Description		14. FF/ EQ	15. Day/ Hr/Mi	16. Units	17. Rate	18. Total Earned	19. Guarantee or one-time rate	20. Amount (greater of 18 or 19)
							\$0.00		\$0.00
							\$0.00		\$0.00
							\$0.00		\$0.00
							\$0.00		\$0.00
							\$0.00		\$0.00
							\$0.00		\$0.00
							\$0.00		\$0.00
							\$0.00		\$0.00
							\$0.00		\$0.00
							\$0.00		\$0.00
							\$0.00		\$0.00
21. Revenue/Expenditure Codes Forestry, Fire and State Lands Use Only							22. Total amount this page		\$0.00
Org	Approp	Activity	Account	Project	Amount		23. Amount Forwarded (Total Due from Previous Page)		
							24. Running Total Amount (Carry over to continuing page)		
							25. Deductions (see attached) (Make entry on final page only)		
							25. Additions (see attached) (Make entry on final page only)		
27. Remarks							28. Net Amount Due (Make entry on final page only)		
							29. Audit Initials		
<p>Note: In consideration of receipt of payment in the amount shown on "Net Amount Due" line 28. Cooperator hereby releases the Government from any and all claims arising under this Agreement except as reserved in "Remarks" block 27.</p>									
30. Cooperator Representative Name (Print)					31. FFSL Representative Name (Print)				
32. Cooperator Representative Signature			33. Date		34. FFSL Representative Signature			35. Date	

## GENERAL MESSAGE (213 ICS)

\*U.S. GPO: 1988-788-876

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**GENERAL MESSAGE**

<b>TO:</b>	POSITION
<b>FROM:</b>	POSITION
<b>SUBJECT:</b>	<div style="float: right; text-align: right;"> <b>DATE:</b> </div>

**MESSAGE:**

<b>DATE</b>	<b>TIME</b>	<b>SIGNATURE/POSITION</b>
-------------	-------------	---------------------------

213 ICS 1/79  
NFES 1336

**PERSON RECEIVING GENERAL MESSAGE KEEP THIS COPY**

**SENDER REMOVE THIS COPY FOR YOUR FILES**

# PROPERTY LOSS OR DAMAGE REPORT (OF 289)

<b>PROPERTY LOSS OR DAMAGE REPORT</b> <b>Fire Suppression</b>		1. CREW NAME OR NO.	2. ID NO. (Form OF-288, Emerg. Firefighter Time Report)
		3. ISSUED TO (Name and Address)	
4. ISSUING OFFICE OR CAMP NAME Fire Forest or Fire Camp Name			
5. FIRE NAME	6. FIRE NO.	7. TYPE EMPLOYEE (Mark one with "X") <input type="checkbox"/> Regular Gov't. <input type="checkbox"/> Casual Firefighter <input type="checkbox"/> Other	
8. DESCRIPTION OF PROPERTY LOST OR DAMAGED (Include Property No., if applicable)		QUANTITY	
a. (specifics..type, model name/number, size, serial #'s)			
b.			
c.			
9. Employee report on circumstances of loss or damage to property listed: (be specific--how, where, when) (who was it reported to? i.e. if lost/damaged radio, need comment/s from Communications @ ICP, etc.)			
10. SIGNATURE		11. DATE	
12. Witness report: (get a witness statement if available)  <i>Get pictures whenever possible.</i>			
13. SIGNATURE		14. DATE	
15. Fire Boss or Property Control Officer comments regarding loss or damage:			
16. SIGNATURE		17. TITLE	18. DATE

NSN 7540-01-124-7634

ORIGINAL—Issuing Office

OPTIONAL FORM 289 (9-81)  
USDA/USDI  
50289-101

# VEHICLE/HEAVY EQUIPMENT SAFETY INSPECTION CHECKLIST (OF 296)

VEHICLE / HEAVY EQUIPMENT SAFETY INSPECTION CHECKLIST	
1. INCIDENT NAME / NUMBER	2. ORDER / REQUEST NUMBER
3. OWNER / VENDOR	
4. AGREEMENT, PO, CONTRACT NO.	5. EXPIRES
6. MAKE	7. MODEL, TYPE
8. SERIAL NO. / VIN	9. LICENSE NO.

Section I - Tractor, Motor Grader	Pre-use		Release	
	Yes	No	Yes	No
1. ROPS, roll-over protection system: Manufacturer approved system secured to mainframe of tractor. Must include approved seat belts. *				
2. Lights: mounted and working while operating				
3. Battery: check for corrosion, loose terminal, hold downs				
4. Engine running: check oil pressure, knocks and leaks				
5. Gauges: all must be working; oil, temperature, etc. *				
6. Steering clutches: must have 3-4" free travel *				
7. Brakes: must hold at half travel. *				
8. Muffler and spark arrester: approved type unless turboed *				
9. Fuel system: must be free of drips and leaks *				
10. Cooling system: must be free of leaks *				
11. Fan and fan belts: check for defects				
12. Engine supports, equalizer bar, springs, main springs: check shackle bolts, shifted spring leaf *				
13. Hydraulic system: no leaks or drips				
14. Belly plate, rock and radiator guards: securely mounted *				
15. Final drive, transmission and differential: check for dripping				
16. Sprocket and idlers: cracks in spokes, sprocket teeth sharp				
17. Tracks and rollers: grousers height under 1-1/4", loose rollers, broken flanges *				
18. Blade, ripper, winch: operate smoothly and hold at any point				
19. Dozer and assembly: trunnion bolts missing, cracks *				
20. Drawbar: serviceable, safe				
21. Body and cab condition: report dents and damage				

Section II - Remarks	(Describe all unsatisfactory items and identify by line number.)

Section III - Power Saw, Pump	Pre-use		Release	
	Yes	No	Yes	No
1. Visible parts broken *				
2. Visible nuts and bolts tight				
3. Oil in gear case and chain oiler				
4. Cutting bar: straight, chain in good condition *				
5. Exhaust system and spark arrester *				
6. Motor: idles evenly, runs smoothly, satisfactory power				

\* Safety Item - Do not accept until brought into compliance.

10. PRE-USE INSPECTION		<input type="checkbox"/> REJECTED
MILES / HRS	DATE	TIME
Inspector Name	Title	
Print		
		<input type="checkbox"/> ACCEPTED
MILES / HRS	DATE	TIME
Vendor Signature	Title	
Inspector Name	Title	
Print		

Section IV - Truck, Bus, Van, Pickup	Pre-use		Release	
	Yes	No	Yes	No
1. DOT inspection in the last 12 months: when required *			NA	NA
2. Gauges and lights *				
3. Seat belts *				
4. Glass and mirrors *				
5. Wipers and horn *				
6. Clutch pedal: proper adjustment				
7. Cooling system: check radiator and hoses				
8. Oil level and condition: full and clean				
9. Battery: check for corrosion, loose terminals, hold downs				
10. Fuel system *				
11. Electrical system: generator and starter working				
12. Engine running: check for knocks and leaks				
13. Transmission: check for leaks				
14. Steering *				
15. Brakes *				
16. 4-Wheel drive: check gear boxes, leaks				
17. Drive line U-joints: check for looseness				
18. Springs and shocks *				
19. Differential: check for leaks				
20. Exhaust system *				
21. Frame *				
22. Tire and wheels (List failed position/depth in remarks) *				
23. Body and interior condition: describe and locate damage on back of page 3, Section IV, item 23				
24. Emergency equipment required. * Fire Extinguisher ___ Spare Fuses ___ Reflectors				
25. Operator(s) properly licensed. *				

State	License No.	Class
Endorsements	Med.Cert.	Expire Date

11. RELEASE INSPECTION		<input type="checkbox"/> NO DAMAGE / NO CLAIM
Not applicable to buses, inspection required.		
MILES / HRS	DATE	TIME
Vendor Signature	Title	
Inspector Name	Title	
Print		



## INCIDENT REPLACEMENT REQUISITION (OF 315)

## INCIDENT REPLACEMENT REQUISITION

[illegible]

7540-01-475-0708

OPTIONAL FORM 315 (4-2000)  
50315-101

**COPY 1 - ORIGINAL. CACHE**

# CLAIM FOR DAMAGE, INJURY, OR DEATH (OF 95)

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		<b>FORM APPROVED</b> OMB NO. 1105-0008	
1. Submit To Appropriate Federal Agency:			2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code)		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN	4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT		7. TIME (A.M. OR P.M.)
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, street, city, State, and Zip Code)			
12. (See instructions on reverse) <b>AMOUNT OF CLAIM (In dollars)</b>					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights.)		
<b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM</b>					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)			13b. Phone number of signatory	14. DATE OF CLAIM	
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)			13b. Phone number of signatory	14. DATE OF CLAIM	
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b> The claimant shall forfeit and pay to the United States the sum of \$2,000. plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b> Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)		

95-109  
Previous editions not usable.

NSN 7540-00-634-4046

STANDARD FORM 95 (Rev. 7-85)  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2

## RESOURCE ORDER

[illegible]



# MOTOR VEHICLE ACCIDENT FORM (SF 91)

<b>MOTOR VEHICLE ACCIDENT REPORT</b>	Please read the Privacy Act Statement on Page 3.	INSTRUCTIONS: Sections I thru IX are filled out by the vehicle operator. Section X, Items 72 thru 82c are filled out by the operator's supervisor. Sections XI thru XIII are filled out by an accident investigator for bodily injury, fatality, and/or damage exceeding \$500.
--	--	---

## SECTION I - FEDERAL VEHICLE DATA

1. DRIVER'S NAME (Last, first, middle)				2. DRIVER'S LICENSE NO./STATE/LIMITATIONS		3. DATE OF ACCIDENT	
4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS						4b. WORK TELEPHONE NUMBER ( )	
5. TAG OR IDENTIFICATION NUMBER	6. EST. REPAIR COST \$	7. YEAR OF VEHICLE	8. MAKE	9. MODEL	10. SEAT BELTS USED <input type="checkbox"/> YES <input type="checkbox"/> NO		
11. DESCRIBE VEHICLE DAMAGE							

## SECTION II - OTHER VEHICLE DATA (Use Section VIII if additional space is needed.)

12. DRIVER'S NAME (Last, first, middle)				13. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS			
14a. DRIVER'S WORK ADDRESS						14b. WORK TELEPHONE NUMBER ( )	
15a. DRIVER'S HOME ADDRESS						15b. HOME TELEPHONE NUMBER ( )	
16. DESCRIBE VEHICLE DAMAGE						17. ESTIMATED REPAIR COST \$	
18. YEAR OF VEHICLE	19. MAKE OF VEHICLE		20. MODEL OF VEHICLE		21. TAG NUMBER AND STATE		
22a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS						22b. POLICY NUMBER	
						22c. TELEPHONE NUMBER ( )	
23. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input type="checkbox"/> PRIVATELY OWNED		24a. OWNER'S NAME(S) (Last, first, middle)				24b. TELEPHONE NUMBER ( )	
25. OWNER'S ADDRESS(ES)							

## SECTION III - KILLED OR INJURED (Use Section VIII if additional space is needed.)

26. NAME (Last, first, middle)				27. SEX	28. DATE OF BIRTH
29. ADDRESS					
A	30. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		31. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	32. LOCATION IN VEHICLE	33. FIRST AID GIVEN BY
	34. TRANSPORTED BY		35. TRANSPORTED TO		
36. NAME (Last, first, middle)				37. SEX	38. DATE OF BIRTH
39. ADDRESS					
B	40. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		41. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	42. LOCATION IN VEHICLE	43. FIRST AID GIVEN BY
	44. TRANSPORTED BY		45. TRANSPORTED TO		
46. Pedestrian			a. NAME OF STREET OR HIGHWAY b. DIRECTION OF PEDESTRIAN (SW corner to NE corner, etc.) FROM TO c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (Crossing intersection with signal, against signal, diagonally; in roadway playing, walking, hitchhiking, etc.)		



## WITNESS STATEMENT FORM (SF 94)

<b>STATEMENT OF WITNESS</b> <i>(Attach additional sheets if necessary)</i>		1. DID YOU SEE THE ACCIDENT?		2. WHEN DID THE ACCIDENT HAPPEN?		FORM APPROVED O.M.B. NUMBER 3090-0118	
				a. TIME	a.m. p.m.	b. DATE	
3. WHERE DID THE ACCIDENT HAPPEN? <i>(Give street location and city)</i>							
4. TELL IN YOUR OWN WAY HOW THE ACCIDENT HAPPENED							
5. WHERE WERE YOU WHEN THE ACCIDENT OCCURRED?							
6. WAS ANYONE INJURED, AND IF SO, EXTENT OF INJURY IF KNOWN?							
7. DESCRIBE THE APPARENT DAMAGE TO PRIVATE PROPERTY							
8. DESCRIBE THE APPARENT DAMAGE TO GOVERNMENT PROPERTY						9. IF TRAFFIC CASE, GIVE APPROXIMATE SPEED OF:	
						a. GOVERNMENT VEHICLE <i>Miles per Hr.</i>	
						b. OTHER VEHICLE <i>Miles per hr.</i>	
10. GIVE THE NAMES AND ADDRESSES OF ANY OTHER WITNESSES TO THE ACCIDENT <i>(If known)</i>							
a. NAMES				b. ADDRESSES <i>(Include ZIP Code)</i>			
WITNESS COM- PLETING THIS FORM	11. HOME ADDRESS <i>(Include ZIP Code)</i>			12. WITNESS (Print Name)		a. HOME TELEPHONE NO.	
				Sign here ▶		b. TODAY'S DATE	
	13. BUSINESS ADDRESS <i>(Include ZIP Code)</i>					TELEPHONE NO.	
14. INDICATE ON THE DIAGRAM BELOW WHAT HAPPENED:							
1. Number Federal vehicle as 1—other vehicle as 2—additional vehicle as 3, and show direction of travel by arrow <i>(Example: → [1] [2] ←)</i> 2. Use solid line to show path before accident → [2] Broken line after accident - - - - - [2]				3. Show pedestrian by ———→ ○ 4. Show railroad by ++++++ 5. Give names or numbers of streets or highways 6. Indicate north by arrow in this circle ○			

NSN 7540-00-634-4045  
94-105

**STANDARD FORM 94 (REV. 2-83)**  
 Prescribed by GSA, FPMR 101-39.8

# UTAH WORKER'S COMPENSATION FORM

## Form 122

For your protection Utah Law requires notice that worker's compensation fraud is a crime. Please see next page for the full fraud statement.

### WORKER'S COMPENSATION EMPLOYER'S FIRST REPORT OF INJURY OR ILLNESS STATE OF UTAH-THE LABOR COMMISSION - DIVISION OF INDUSTRIAL ACCIDENTS

160 E 300 S, P.O. BOX 146610  
SALT LAKE CITY, UTAH 84114-6610

G E N E R A L	EMPLOYER (Name & Address Incl. Zip)		CARRIER/ADMINISTRATOR CLAIM NUMBER		OSHA CASE/FILE #		REPORT PURPOSE CODE	
			JURISDICTION		JURISDICTION CLAIM NUMBER			
			INSURED REPORT NUMBER					
	SIC CODE		EMPLOYER FEIN		EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)			LOCATION #
							PHONE #	
C L A I M S  A D M I N I S T R A T O R	CARRIER (NAME, ADDRESS & PHONE #)		POLICY PERIOD		CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE #)			
	Worker Compensation Fund P.O. Box 57929 Salt Lake City, UT 84157-0929 Telephone: (801) 288-8010 Toll Free # 1-800-446-2667		TO					
			CHECK IF APPROPRIATE <input type="checkbox"/> SELF INSURANCE					
	CARRIER FEIN		POLICY/SELF-INSURED NUMBER			ADMINISTRATOR FEIN		
		AGENT NAME & CODE NUMBER						
E M P L O Y E E	NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH		SOCIAL SECURITY NUMBER		DATE HIRED	
							STATE OF HIRE	
	ADDRESS (INCL ZIP)		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN		MARITAL STATUS <input type="checkbox"/> UNMARRIED SINGLE/DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN		OCCUPATION/JOB TITLE	
	PHONE		# OF DEPENDENTS				EMPLOYMENT STATUS	
						NCCI CLASS CODE		
W A G E	RATE		PER: <input type="checkbox"/> DAY <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> OTHER		# OF DAYS WORKED/WEEK		FULL PAY FOR DAY OF INJURY?	
							<input type="checkbox"/> YES <input type="checkbox"/> NO	
	TIME EMPLOYEE BEGAN WORK <input type="checkbox"/> AM <input type="checkbox"/> PM		DATE OF INJURY/ILLNESS		TIME OF OCCURRENCE <input type="checkbox"/> AM <input type="checkbox"/> PM		LAST WORK DATE	
							DATE EMPLOYER NOTIFIED	
O C C U R R E N C E	CONTACT NAME/PHONE NUMBER		TYPE OF INJURY/ILLNESS		PART OF BODY AFFECTED			
	DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF INJURY/ILLNESS CODE		PART OF BODY AFFECTED CODE			
	DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED		ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED					
	SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED		WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED					
	HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED, DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL		CAUSE OF INJURY CODE					
T R E A T M E N T	DATE RETURNED TO WORK		IF FATAL, GIVE DATE OF DEATH		WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? WERE THEY USED?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
							<input type="checkbox"/> YES <input type="checkbox"/> NO	
	PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS)		HOSPITAL (NAME & ADDRESS)		INITIAL TREATMENT			
					<input type="checkbox"/> NO MEDICAL TREATMENT <input type="checkbox"/> MINOR: BY EMPLOYER <input type="checkbox"/> MINOR CLINIC/HOSP <input type="checkbox"/> EMERGENCY CARE <input type="checkbox"/> HOSPITALIZED>24 HRS <input type="checkbox"/> FUTURE MAJOR MEDICAL/ LOST TIME ANTICIPATED			
O T H E R	WITNESS (NAME & PHONE #)							
	DATE ADMINISTRATOR NOTIFIED		DATE PREPARED		PREPARER'S NAME & TITLE		PHONE NUMBER	

FORM 1A-1 12/97

White: Labor Commission

WC 7551a (12-97) UNIFORM INFORMATION SERVICES, INC.

Yellow: W.C. Insurance Carrier

SEE NEXT PAGE FOR IMPORTANT INFORMATION

Pink: Employee

© IAIABC 199

Goldenrod: Employer's File

# UTAH FIRE DEPARTMENT RE-CERTIFICATION FORM FOR ICT AND ABOVE:

## Utah Wildland Firefighter Recertification Request, for positions ICT5 and above

Fire Department :

Date:

Fire Fighter Name:

Date of Birth:

Requesting recertification as :

Or LAST 4 of SSN

These requirements have been met and the supporting documentation is on file with the fire department. Hard copies of Pack Test Time and Annual Refresher must accompany this document

Pack Test Time:

Date:

Annual Refresher:

Date:

I as the Chief of the:

Fire Department, I am certifying these conditions have

been met and the attendance rolls and supporting documentation is on file with the department

Signed \_\_\_\_\_ Printed \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

\_\_\_\_\_ Date \_\_\_\_\_

Utah Division of Forestry, Fire and State Lands: Area Fire Management Officer

\_\_\_\_\_ Date \_\_\_\_\_

Utah Division of Forestry, Fire and State Lands: Assistant Fire Management Officer

\*\*\*\*\*

Fire Experience's for the previous year, Only list 1 experience for each position filled

Fire Name	Wildcard Fire #	Fire Class	Location	Type 1-5	Fuel Model	ICS Pos.	Shifts	Dates

\*\*Fire Departments are also responsible for paying the recertification fee's to the Utah State Fire Certification Council \*\*